

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter G. Coles M.D.

Mailing Address 900 Peeler St.
P.O. Box 4095

City Kalamazoo State MI Zip Code 49003-4095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kalamazoo Anesthesiology, P.C.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2978284

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard B. Colquitt M.D.

Mailing Address 5556 Denali St

City Kalamazoo State MI Zip Code 49009-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Virginia Health System

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : C2978285

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Lebron Cooper M.D.

Mailing Address 444 W. Willis St #514

City Detroit State MI Zip Code 48201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Hospital

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : C2969227

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

1083.34

TOTAL This Period (last page this line number only)..... ►